

RURAL DISTRICT COUNCIL

OF

TREGARON, CARDIGANSHIRE

PUBLIC HEALTH DEPARTMENT

ANNUAL REPORT 1972



MEDICAL OFFICER OF HEALTH:

W. J. St. E.-G. Rhys, M.A., M.B., B.S., B.Sc., M.R.C.O.G., D.P.H., M.F.C.M.

PUBLIC HEALTH INSPECTOR:

D. J. A. Humphreys, M.R.S.H., M.A.P.H.I., A.I.H.E.

(i)

TREGARON RURAL DISTRICT COUNCIL

Chairman 1971/72

Councillor J. J. Davies

Chairman 1972/73

Councillor B. T. Hopkins

The Council consists of nineteen members including
the Chairman

Public Health Matters are considered by the
whole Council

Clerk of the Council: Elwyn Howells, Esq.,
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TREGARON.

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To the Chairman and Members of
Tregaron Rural District Council

PREFACE

I have pleasure in presenting the Annual Report of the Public Health Department for the year 1972.

The number of live births registered during the year was fifty-seven, representing an increase of fifteen over the figure for the previous year. There were two registered stillbirths and one baby died during the first week of life. No woman died as a result of pregnancy, childbirth or abortion.

The number of registered deaths was seventy-three, an increase of six over the figure for 1971. Twenty-seven people died of heart disease, sixteen of 'stroke' and nine of cancer.

No notifications of the occurrence of infectious disease were received during the year. No new case of tuberculosis was notified and no person died of the disease. In order to trace all contacts of a notified case of tuberculosis, the Department works in conjunction with the local chest physician.

It was hoped to incorporate in this Annual Report for 1972, an analysis of the Vital Statistics for 1973 as well, but it has now become obvious that the Office of Population Censuses and Surveys will be unable to supply the basic information necessary for any assessment, before the Council ceases to exist as such.

Consequently this is the last Annual Report I shall have the pleasure of presenting as your Medical Officer of Health. I have attempted over the years to draw your attention to various problems affecting the public health, and on

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<https://archive.org/details/b28880237>

this last occasion I would like to highlight some of those problems that are likely to be encountered in the future, against a backcloth of those that occurred in the past.

Let us then look at the conditions existing in Britain when the first Medical Officers of Health were appointed in the middle of the last century. By 1850 the Industrial Revolution was complete, and whereas in 1780, about 75 per cent of Britain's population worked on the land, by 1850 only 40 per cent did so; the rest worked in factories and existed in the disgraceful conditions brought about by the Industrial Revolution. Mothers and children slaved in industry, and many families occupied one small room, in which children witnessed birth, death and the horrors of Smallpox. Pauper children were sent by the cartload to work for 15 hours a day, 6 days a week as cheap labour in industry, and were kept in barracks near the factories.

The fear of infectious disease was real - in 1849 there were 53,000 deaths from cholera in this country. The official social conscience was nonexistent, as evidenced by the Andover Scandal in 1845, and the treatments carried out in the name of medicine and surgery are best left untold.

Against this backcloth of squalid life and merciful death, where at least 200. and often 250 children out of 1,000 born were due to die before their first birthday, and people did not hope to live beyond the age of forty, was set up the first Public Health Act of 1848, and Sir John Simon was appointed the first Medical Officer of Health of London. No one, before or since, has done more for the health of this country. The broad social outlook of his reports, the part he played in reforming the training of doctors and the methods used in the General Register Office are witnesses to the comprehensiveness of his approach to the problems of the public health. From the £2,000 a year he

received for his investigations has grown the whole organized system of medical research in Britain. He set up a Royal Sanitary Commission and for the first time emphasis was laid on prevention of pollution of water, cleanliness of dwellings, disposal of refuse and smoke, inspection of food, the burying of the dead without injury to the living and registration of sickness and death.

The introduction of compulsory education in 1871 meant that young children could no longer be sent out to work to earn money, but had to be maintained by their parents until school-leaving age - as a result the birth rate (35 per 1,000 population in 1871) started to fall and, apart from a rise associated with the second world war, has continued to fall each year ever since, until in 1972 it was only 15 per 1,000 population. However during this hundred year period the population of England and Wales has doubled from 24 million in 1871, to 49 million in 1972. This paradox is the result of the corresponding fall in infant mortality per 1,000 live births, from 149 in 1871 to 17 in 1972, and the concomitant decline in death rate per 1,000 living, from 21 in 1871 to 12 in 1972.

Slowly the reforms of the 19th century began to take effect, so that by the early years of this present century the country was ready to accept the broad social policies of Mr. Lloyd George - it is salutary to realize that the 10s. 0d. a week benefit paid to a sick man in 1911 represented a higher proportion of the average wage, and more purchasing power than the amount paid today.

The Ministry of Health was formed in 1919, and soon inaugurated maternity and child care clinics and campaigns against infectious diseases. It was almost inevitable that this medical and social reform should gain momentum, and culminate in the National Health Service Acts of 1946 and 1973.

Let us now look at some of the present and future problems against this sketchily painted backdrop of the past. One of the most important problems

that will face us in the future will be the problem of old age. At the beginning of this century only 4 per cent of the population in Britain was over 65 years of age, now 13 per cent are over 65 and in 1990, 17 per cent will be over 65. It is heartening to realize that only 3 per cent of people over 65 years of age are at present in homes for the aged, the vast majority continuing to live in their own community receiving support from their families. However, as families in this country continue to get smaller and smaller, and the number of old people continues to get bigger and bigger, the real problem of loneliness in old age will loom larger and larger, as there will be fewer and fewer middle aged people to care for more and more elderly people in their own homes, and the percentage of old people in homes for the aged will unfortunately rise. However it is our duty to provide services and support to enable the elderly person, who is otherwise healthy, and wishes to spend the evening of her life at her own familiar hearth, to do so, and when her time comes, let the place be her own loved home. I use the word 'her' advisedly because women live longer than men - in fact for every 1,000 women over 75 years of age in this country in 1972, there were only 457 men.

In Cardiganshire we have already reached the projected figure, for the year 1990 in Britain, of 17 per cent of people over 65 years of age, according to a comprehensive survey carried out in 1973 by the Director of Social Services. It is interesting also to note from this survey that, according to the elderly themselves, far and away the most popular of all the services provided for them, is the Domiciliary Library Service which was inaugurated many years ago by our own County Librarian.

If the problems of ageing concern us, so also should the problems of maintaining the quality of life. Because our cities and towns are so large

they, like the dinosaurs, are nonviable, and so satellite towns are built, but these are palliative only, and so the cancer of urbanization spreads into what is left of the countryside proper, converting it into an urban slum (or 'slurb'). This has happened in the United States of America, where an area of countryside, equal in size to Britain, lying between Boston and Washington has already been converted into one enormous slurb.

The people who live in the nonviable cities and industrial towns, attempt to move away from the polluted atmosphere they have created, in order to preserve what is left of their physical health, and they move into the surrounding country villages, which they "develop" into the concrete jungles called dormitory towns, which breed not physical, but psychiatric illness, due to the complete absence of community life. The need to escape from all this, results in a recurring movement of population out from the dormitory housing estates into the unspoilt ("undeveloped") countryside, with the inevitable consequence that "development" occurs in the form of huge caravan sites and holiday villages, complete with all the paraphernalia that appears to be necessary to urban existence, as opposed to urbane living. These population movements will increasingly pose very real public health problems, as more and more hitherto unsullied rivers and streams become polluted, and it is true to say that the Affluent Society is fast becoming an Effluent Society which is destroying our environment.

Another problem to consider is the changing pattern of disease. A hundred years ago most people in this country breathed pure air, but drank polluted water. They died of nutritional and infectious diseases, which were associated with poverty and fatigue. Nowadays most people in this country drink pure water, but breathe polluted air. They die of coronary heart disease, cancer

or 'stroke', which have been called the diseases of affluence in our car-borne, smoking, overfed, centrally heated, automated, leisure-ridden society, where boredom with its associated psychiatric disturbances, has replaced fatigue with its associated somatic disturbances.

It is interesting to speculate about the diseases of the future. The introduction of more detergents and synthetics may cause new diseases of allergy, further advances in chemotherapy may lead to the emergence of new resistant strains of disease - causing organisms, new drugs may cause new toxic states, the increasing use of new insecticides and the further sophistication of food-stuffs may lead to new metabolic diseases and ionizing radiation may cause new forms of cancer.

It is a sobering thought that good advice given many centuries ago cannot be bettered today. In the 5th century B.C., Hippocrates, the father of medicine, advised moderation in eating and drinking. Galen (130-200 A.D.) emphasized the effect of social conditions on health, and concluded that physical work short of fatigue, the enjoyment of sun and fresh air, a moderate diet and the pleasant exercise of the mind in conversation were all beneficial to health. This same advice echoes down through the centuries to us today from our own Physicians of Myddfai, who said in the 12th century "Tri chymelroldeb a barant hir oes - ymborth, llafer a myfyrdod".

Hippocrates wrote two and a half thousand years ago "It is changes that are chiefly responsible for diseases" and this remains true today. Total environment affects disease patterns, and since we are rapidly destroying our own environment, we are in danger of becoming the cancer of our own country and destroying ourselves at the same time.

Whereas a hundred years ago, one was ill because one was poor, today one is more likely to be ill because one is rich, and there appear to be grounds now, as far as health is concerned, for advocating a mode of life which embraces a medically orientated puritanism.

A more detailed account of the work of the Public Health Department, including a portion by the Public Health Inspector, will be found in the following pages.

At Gadeirydd ac Aelodau Cyngor
Dosbarth Gwledig Tregaron

REAGAIR

Pleser imi yw cyflwyno Adroddiad Blynyddol yr Adran Iechyd Cyhoeddus am y flwyddyn 1972.

Cafodd pum-deg-saith a anwyd yn fyw eu cofrestru yn ystod y flwyddyn, pymtheg yn fwy na'r nifer am y flwyddyn cynt. Cofrestrwyd dau farw-anedig a bu farw un baban yn ystod y wythnos gyntaf o fywyd. Ni bu farw un fenyw oherwydd ei bod yn feichiog, nac wrth eni plentyn na thrwy erthyliad.

Cofrestrwyd saith-deg-tri o farwolaethau, chwech yn fwy na'r rhif am 1971. Bu farw saith-ar-hugain o glefyd y galon, naw o'r caner ac un-ar-bymtheg o'r 'strôc'.

Ni dderbynwyd hysbysiad o unrhyw achos o glefyd heintus yn ystod y flwyddyn. Ni chafwyd un achos newydd o'r ddarfodedigaeth ac ni bu farw un person o'r clefyd hwn. Er mwyn dod o hyd i bob person a fu mewn cyffyrddiad a'r achos gwybyddus o'r ddarfodedigaeth, y mae'r Adran yn cydweithredu a'r arbenigwr lleol yn y maes hwn.

Gobeithiwyd cyfuno yn yr Adroddiad Blynyddol hwn am 1972 ddadansoddiad o'r ystadegau hanfodol am 1973 yn ogystal, ond bellach mae'n gwbl arllwg na all y Swyddfa Gyfrifiad ac Arolwg Poblogaeth roi'r wybodaeth sylfaenol angenrheidiol ar gyfer unrhyw ddadansoddiad cyn y daw'r Cyngor presennol hwn i ben.

O ganlyniad, dyna'r adroddiad olaf y caf y pleser o'i gyflwyno fel eich Swyddog Iechyd. Ceisiais ar hyd y blynyddoedd dynnu eich sylw at nifer o broblemau a oedd yn dylanwadu ar iechyd cyhoeddus, ac ar yr achlysur olaf hwn hoffwn anlygu rai o'r problemau y deuir wyneb yn wyneb a hwy yn y dyfodol, a meddwl andanynt yng nghefnidir problemau'r gorffennol.

Gadewch i ni felly edrych ar y sefyllfa ym Mherllain yng nghanol y ganrif ddiwethaf pan gafodd y Swyddogion Iechyd cyntaf eu hapwytio. Erbyn 1850 roedd y Chwyldro Diwydiannol yn gyflawn, a thra roedd saith-deg-pump y cant o boblogaeth Prydain ym 1780 yn gweithio ar y tir, dim ond pedwar-deg y cant a wnaï hynny erbyn 1850; gweithiai'r gweddill mewn diwydiant a byw dan amodau gwarthus a daeth yn sgil y Chwyldro Diwydiannol. Llafuriai mamau a phlant mewn diwydiant, a gorfodid llawer o deuluoedd i fyw mewn un ystafell fechan lle roedd y plant yn llygad - dystion o enedigaeth, marwolaeth a'r frech wen. Cludwyd llwythi o blant y tlodion mewn ceirt i weithio'n rhad am bymtheg awr y dydd a chwe niwnod yr wythnos mewn diwydiant, ac fe'u lletysyd mewn gwersylloedd milwrol gerllaw'r ffatrioedd.

Roedd arswyd rhag afiechyd heintus yn beth byw iawn - yn 1849 bu 53.000 farw o golera yn y wlad hon. Dengys yr Andover Scandal yn 1845 absenoldeb llwyr unrhyw gydwybod gymdeithasol swyddogol, a gwell fyddai peidio a son am driniaethau a weinyddwyd yn enw meddygaeth a llawfeddygaeth.

Yn erbyn y cefndir hwn o fywyd aflan a marwolaeth drugarog, pan ddisgwyliid i o leiaf 200 ac yn anl 250 o blant allan o bob mil a anwyd, i farw cyn eu penblwydd cyntaf, a lle nad oedd obaith i bobl fyw dros ddeugain oed, y cafwyd y Ddeddf Iechyd Cyhoeddus gyntaf yn 1848 a phenodwyd Syr John Simon yn Swyddog Iechyd cyntaf Llundain. Ni wnaeth neb, na chynt na wedyn, fwy dros iechyd y wlad hon. Mae rhagolwg gymdeithasol eang ei adroddiadau, y rhan a chwaraeodd mewn diwygio hofforddiant meddygon, a'r dulliau a ddefnyddid yn y Prif Swyddfa Gofrestru yn fynegiant o'i agwedd gynhwys fawr tuag at broblemau Iechyd Cyhoeddus. O'r 22,000 a dderbyniodd i noddi ei ymchwiliadau y tyfodd holl drefn ymchwil feddygol ym 1890. Sefydlodd Gomisiwn Iechyd Brenhinol, ac am y tro cyntaf rhoddwyd pryslais ar atal halogi dwr, glendid tai annedd, cael gwared ar

sbwriel a mwg, archwilio byrd, claddu'r meirw heb wneud niwed i'r byw, a chofrestru afiechyd a marwolaeth.

Yn 1871 daeth addysg orfodol i rym a golygai hyn na ellid mwyach anfon plant allan i ennill, a'i bod yn ofynnol i'w rhieni eu cadw tan iddynt gyrraedd oedran gadael ysgol. Canlyniad hyn oedd i nifer y genedigaethau (a oedd yn 35 y 1,000 poblogaeth yn 1871) ddisgyn yn gyson bob blwyddyn, ar wahan i godiad a gysylltir a'r Ail Byfel Byd, tan 1972 pan nad oedd ond 15 y 1,000 poblogaeth. Er hynny, yn ystod y can mlynedd hyn bu i boblogaeth Cymru a Lloegr ddyblu o 24 miliwn yn 1871 i 49 miliwn yn 1972. Gellir egluro'r gwrthgyferbyniad hwn yn wyneb y lleihad cyfatebol a fu yn nifer marwolaethau plant yn ol y 1,000 o enedigaethau byw o 149 yn 1871 i 17 yn 1972, a'r lleihad cyson yn nifer y marwolaethau o 21 yn 1871 i 12 yn 1972 y 1,000 poblogaeth.

Yn araf, teimlwyd effaith diwygiadau'r G9edd, nes bod y wlad yn barod erbyn Blynnyddoedd cynnar y ganrif hon i dderbyn polisiau cymdeithasol eangfrydig Mr. Lloyd George - mae'n ddiddorol i ni sylwi fod y budd-dal o chweugain a delid i ddyn tost yn 1911 yn cynrychioli cyfran uwch o'r gyflog gyffredin, ac yn uwch ei gwerth ar y farchnad na'rswm a deli'r heddiw.

Yn 1919 sefydlwyd y Weinyddiaeth Iechyd, ac yn fuan wedyn glinigau a gofal dros famau a phlant a'i ymgyrchoedd rhag afiechydon heintus. Oedd hi'n anochel i'r diwygiadau meddygol a chymdeithasol hyn ennill grym a chyrraedd eu hanterth yn neddfau swasanaethau Cymdeithasol 1946 a 1973.

Gadewch i ni'n awr edrych ar rai o broblemau'r presennol a'r dyfodol yng nghefnidir yr amlinelliad bras a gafwyd o'r gorffennol. Un o'r problemau pwysicaf a fydd yn ein hwynebu i'r dyfodol fydd problem yr henoed. Ar ddechrau'r ganrif hon dim ond pedwar y cant o boblogaeth Prydain oedd dros 65 oed, ac yn 1990 fe fydd dau-ar-bymtheg y cant dros 65. Mae'n galonogol sylwi mai dim ond

tri y cant o'r bobl dros 65 oed sydd ar hyn o bryd mewn cartrefi henoed a'r mwyafrif llethol yn dal i fyw yn eu cymdogaeth eu hunain ac yn cael eu cynnal gan eu teuluoedd. Beth bynnag, am fod teuluoedd y wlad hon yn mynd yn llai ac yn llai, a nifer yr henoed yn mynd yn fwy ac yn fwy, fe fydd gwir broblem uni-grwyd henaint yn cynyddu, oherwydd ceir llai a llai o bobl canol oed i ofalu am fwy a mwy o henoed yn eu cartrefi eu hunain, ac yn anffodus fe gyfyd cyfar-taledd nifer yr hen bobl mewn cartrefi henoed. Serch hynny, ein dyletswydd ni yw sicrhau gwasanaethau i alluogi i'r person oedranus iach sy'n dymuno Treulio hwyrnos bywyd ar ei haelwyd gyfarwydd hi ei hun fedru gwneud hynny, a phan ddaw angau, y gelyn olaf heibio bydded iddi gael ffarwelio a'r dddear hon o'i ham-wyl gartref ei hun. O fwriad defnyddiaf y rhagenw "hi" oblegid mae gwragedd yn byw yn hwy na dynion - fel mater o ffaith am bob 1,000 o wragedd dros 75 oed yn y wlad hon yn 1972, nid oedd ond 457 o ddynion.

Yn Sir Aberteifi, yn ol arolwg cynhwysfawr Gyfarwyddwr y Gwasanaethau Cynleithasol am 1973, rydym eisoes wedi cyrraedd yr amcangyfrif dros Brydain am y flwyddyn 1990, sef dau-ar byntheig y cant dros 65 oed. Mae'n ddiddorol sylwi hefyd ar un ffaith arall sy'n deillio o'r arolwg hwn sef bod yr henoed, yn ol eu tystiolaeth hwy eu hunain yn ystyried mai un o'r gwasanaethau mwyaf poblogaidd o bell ffordd o'r rhai a gynigir iddynt yw'r Llyfrgell Deithiol, a gychwynwyd gan Llyfrgellydd y Sir hon.flynyddoedd maith yn ol.

Os ydy problem mynd yn hen yn ein poeni ni, yna fe ddylai'r broblem o ddiogelu ansawdd bywyd ein poeni ni hefyd. Am fod ein dinasoedd a'n trefi mor fawr, maent fel y dinosors, yn anhyfyn, neu'n anabl i fodoli, felly adeilidir cylchdrefi, ond dim ond lliniaru dipyn ar bethau a wnant hwy felly mae'r cancr trefoli yn ynleddu i'r hyn sy'n weddill o gefn gwlad a'i weddnawid yn slym tre-fol. Fe ddigwyddodd hyn eisoes yn America lle cafodd darn o gefngwlad rhwng Boston a Washington sy'n gyfartal o ran maint a Phrydain ei droi'n un slym en-fawr.

Ceisiau poblogaeth y dinasoedd a'r trefi anhyfyn symud allan i'r pentrefi gwledig cyfagos i fyw er lles ac iechyd corfforol gan droi eu cefnau ar yr amgylchfyl a halogwyd ganddynt hwy eu hunain. "Datblygid" y pentrefi yn faestrefi sy'n ddim amgenach nag anialdir concrit sy'n magu nid afiechydon corfforol ond afiechydon seiciatryddol oherwydd nas ceir ynddynt unrhyw fywyd cymdeithasol yn yr angen i ddianc rhag hyn mae'r boblogaeth yn symud allan o'i maestrefi i'r wlad nas "datblygwyd" na'i halogi, gyda'r canlyniad anochel y gwelir "datblygiad" ar ffurf meysydd carafaniau helaeth a phentrefi gwyliau sy'n llawn o'r paraffanalia a ystyrir yn angenrheidiol i fywyd trefol, ond sy'n hollol wrthun i fywyd gwar. Fe grea'r symudiadau cyson hyn mewn poblogaeth broblemau dyrys mewn iechyd cyhoeddus, oherwydd wrth i'r Gymdeithas Eoethus hon halogi afonydd a ffrydiau oedd gynt yn anllygredig try'n gymdeithas esgeulus sy'n dinistrio'n hangylchfyd.

Problem arall i'w hystyried yw'r newid ym mhatrwm afiechyd. Gan mlynedd yn ol roedd y mwyafrif o bobl y wlad hon yn anadlu awyr bur, ond yn yfed dwr brwnt. Roeddent yn marw o afiechydon heintus a maethlon a gysylltid a thlodi a gwendid. Heddiw, yf mwyafrif o bobl y wlad hon ddwr pur, ond anadlant awyr wedi ei lygru. Maent yn marw o afiechydon y galon y cancr neu stroc. Disgrifiwyd yr afiechydon hyn yn afiechydon y goludlawn mewn cymdeithas sy'n moduro yn smocio ac yn gorfwyta, gyda'i gwres canolog a'i bywyd hunanysgogol a gorniodedl o oriau hantlen. Yn lle blinder a gysylltir ag afiechydon corfforol, ceir diflastol a gysylltir ag afiechyd meddyliol.

Mae'n ddiddorol dyfalu beth fydd afiechydon y dyfodol. Fe all rhoi ar y farchnad ragor o lanedyddion a synthetigion greu afiechydon alergol newydd, fe all datblygiadau pellach mewn cemotherapeg greu mathau newydd o afiechydon sy'n gwrthsefyll unrhyw foddion ac achosi organebau, fe all drygiau newydd wenywyo, fe all y defnydd cynyddol ar bryfleiddiadau a'r llygru pellach ar

fwydydd arwain i afiechydon metabolig, a gall polychreddi ienig achosi mathau newydd o gancr.

Se'n sobrir o gofio na ellir gwella ar y cyngor da a roddwyd lawer canrif yn ol gan Hippocrates, tad meddygaeth, yn y pumed ganrif, ar i ni fod yn gymhedrol wrth fwyta ac yfed. Pwysleisiodd Galen (130 - 200 O.C.) effaith amodau cymdeithasol ar iechyd a dyfarnodd fod gwith corfforol heb ornod o flinder, mwynhau haul ac awyr iach, bwyta cymhedrol a sgwrs i hosi'r meddwl, yn llesol i iechyd. Daeth yr un neges i lawr atom drwy'r canrifoedd, a chawn Meddygon Hyddefai yn y deuddegfed ganrif yn dweud; "Tri chymedroldeb a barant hir oes - ymborth, llafar a myfyrdod".

Odwyl fil a hanner o flynyddoedd yn ol sgrifennodd Hippocrates; "It is changes that are chiefly responsible for diseases", a deil hyn yn wir heddiw. Mae'r amgylchfyd cyfan yn effeithio ar batrymau afiechyd a chan ein bod yn cyflym ddinistrio ein hamgylchfyd ein hunain, rydym mewn perygl o ddifrodi ein gwlad a dinistrio ein hunain yr un pryd.

Gan mlynedd yn ol ceid afiechyd ochr yn ochr a thlodi, ond heddiw y cyfaethog sy'n fwyaf tebygol o fod yn afiach, ac ymadengys fod yna le mawr i ddadlau cyn belled ag y mae iechyd yn y cwestiwn y dylai meddygaeth amlygu ffordd biwritanaidd o fyw.

Gwelir adroddiad mwy manwl o waith yr Adran Iechyd Cyhoeddus sy'n cynnwys darn gan yr Arlygwyr Iechyd Cyhoeddus yn y tudalennau canlynol.

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VITAL STATISTICS

	<u>1970</u>	<u>1971</u>	<u>1972</u>
1. <u>LIVE BIRTHS</u>			
Total	36	42	57
Leg: ..	35	40	51
Illeg: ..	1	2	6
Rate per 1,000 population (crude)	8.1	10.0	13.4
Rate per 1,000 population (adjusted)	11.0	13.6	17.3
Rate per 1,000 population England and Wales ..	16.0	16.0	14.8
Illegitimate live births per cent of total live births	3	5	11
2. <u>STILLBIRTHS</u>			
Total	0	0	2
Leg: ..	0	0	2
Illeg: ..	0	0	0
Rate per 1,000 live and stillbirths	0	0	34
Rate per 1,000 live and stillbirths England and Wales	13	12	12
3. <u>TOTAL LIVE AND STILLBIRTHS</u>			
	36	42	59
4. <u>PERI-NATAL DEATHS</u> (Stillbirths plus early neo-natal deaths)			
Total	0	1	3
Leg: ..	0	1	3
Illeg: ..	0	0	0
Rate per 1,000 total live and stillbirths	0	24	51
5. <u>EARLY NEO-NATAL DEATHS</u> (deaths under one week)			
Total	0	1	1
Leg: ..	0	1	1
Illeg: ..	0	0	0
Rate per 1,000 total live births	0	24	18
6. <u>NEO-NATAL DEATHS</u> (deaths under four weeks)			
Total	0	1	1
Leg: ..	0	1	1
Illeg: ..	0	0	0
Rate per 1,000 total live births	0	24	18

	<u>1970</u>	<u>1971</u>	<u>1972</u>
7. <u>INFANT DEATHS</u> (deaths under one year)			
Total	1	2	1
Leg: ..	1	1	1
Illeg: ..	0	1	0
Rate per 1,000 total live births	28	48	18
Legitimate infant deaths per 1,000 legitimate live births	29	25	20
Illegitimate infant deaths per 1,000 illegitimate live births	0	500	0
8. <u>MATERNAL DEATHS</u> (including abortion)			
Number of deaths	0	0	0
Rate per 1,000 total live and stillbirths	0	0	0

DEATHS

Total	82	67	73
Rate per 1,000 population (crude)	18.5	16.0	17.2
Rate per 1,000 population (adjusted)	13.0	11.2	12.0
Rate per 1,000 population England and Wales ..	11.7	11.6	12.1
<hr/>			
Area comparability factor for births	1.36	1.36	1.29
Area comparability factor for deaths	0.70	0.70	0.70

POPULATION STATISTICS

Area (in acres)	121,546
Population (census 1961)	4,815
Population (Registrar General's Estimated Mid-Year Population for 1972)	4,240

CAUSES OF DEATH

(Headings with no deaths allocated are omitted)

<u>Causes of Death</u>	<u>Number of Deaths</u>		
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Malignant Neoplasm, Oesophagus	1	-	1
Malignant Neoplasm, Stomach	1	-	1
Malignant Neoplasm, Intestine	1	-	1
Malignant Neoplasm, Lung, Bronchus	1	-	1
Malignant Neoplasm, Breast	-	2	2
Malignant Neoplasm, Prostate	1	-	1
Other Malignant Neoplasms	2	-	2
Diabetes Mellitus	-	1	1
Mental Disorders	-	1	1
Hypertensive Disease	1	1	2
Ischaemic Heart Disease	12	6	18
Other Forms of Heart Disease	2	7	9
Cerebrovascular Disease	5	11	16
Other Diseases of Circulatory System	1	1	2
Pneumonia	1	-	1
Bronchitis and Emphysema	4	3	7
Other Diseases of Respiratory System	2	-	2
Other Diseases, Genito-Urinary System	2	-	2
Other Causes of Perinatal Mortality	1	-	1
All Other Accidents	-	1	1
Suicide and Self-Inflicted Injuries	1	-	1
TOTAL	39	34	73

INFECTIOUS DISEASES

The following is a list of the notifications of infectious disease, other than tuberculosis, received during the year:-

Acute Encephalitis	..	..	..	..	..	..	..	..	..
Acute Meningitis	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis	..	..	..	..	..	..	..	..	..
Diphtheria	..	..	..	..	..	..	..	..	..
Dysentery	..	..	..	..	..	..	..	..	..
Food Poisoning	..	..	..	..	..	..	..	..	..
Infective Jaundice	..	..	..	..	..	..	..	..	..
Leptospirosis	..	..	..	..	..	..	..	..	..
Malaria	..	..	..	..	..	..	..	..	..
Measles	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	..
Paratyphoid Fever	..	..	..	..	..	..	..	..	..
Scarlet Fever	..	..	..	..	..	..	..	..	..
Tetanus	..	..	..	..	..	..	..	..	..
Typhoid Fever	..	..	..	..	..	..	..	..	..
Whooping Cough	..	..	..	..	..	..	..	..	..

N I L

(5)

TUBERCULOSIS

The following table shows the sex and age distribution of the new cases notified during the year:-

AGE GROUP	RESPIRATORY		NON-RESPIRATORY	
	Male	Female	Male	Female
5 - 14	-	-	-	-
15 - 24	-	-	-	-
25 - 44	-	-	-	-
45 - 64	-	-	-	-
65 +	-	-	-	-
TOTAL	-	-	-	-

SECTION 47 OF THE NATIONAL ASSISTANCE ACT 1948

No action was required to be taken under this section during the year.

GENERAL PROVISION OF PREVENTIVE PERSONAL HEALTH SERVICES IN THE AREA

These remain essentially the same as in previous years and are under the control of the County Council.

W. J. St. E.-G. REYS
MEDICAL OFFICER OF HEALTH

(6)

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR
FOR THE YEAR 1972

P R E F A C E

It gives me pleasure once again to present my report for the year ended 31 December 1972.

Once again the total number of visits carried out shows an increase over last year. This is tied to the additional work required in connection with sewerage and housing schemes and the large increase in the house improvement schemes dealt with. The total number of such schemes (Standard and Discretionary) approved during the year is one hundred and twenty-two as against sixty-three approved in 1971.

The following pages give further details of work carried out during the year.

RECORD OF VISITS MADE

Public Health	11	Meat Inspection	190
Housing	178	Food Inspection and Food Premises .	12
Drainage	61	Water Supply	16
Sewerage	72	Housing Maintenance and	
Improvements	201	Management	164
Building Byelaws and Planning	359	Caravans and Camping	25
Livestock Market	96	River Maintenance	7
Public Conveniences	29	Burial Grounds	5
Refuse Collection and Disposal ...	35	Factories Act	5
Petroleum Regulations	7	Rodent Control	3
Parking Ground	5	Miscellaneous	36

Total Number of Visits 1,517

RECORD OF NOTICES

Number of Verbal Notices	3
Number of Informal Notices	2
Number of Statutory Notices	0

All notices were complied with

HOUSINGHousing Statistics:

1. Number of houses found unfit after inspection	4
2. Number of houses in which defects were remedied after informal action	33
3. Number of Representations to Local Authority	4
4. Number of Notices requiring execution of works	0
5. Number of houses rendered fit after Formal Notices	0
6. Number of Demolition or Closing Orders made	0
7. Number of Undertakings accepted	0
8. Number of Houses Demolished	0
9. Number of Undertakings Cancelled	0

ACTION UNDER THE HOUSING ACTS:

- (a) Reports to Council as to Unfit Houses: Four
- (b) Acceptance from Owners of Undertakings Not to let Unfit Dwellings: Four
- (c) Closing Orders Made: None
- (d) Execution of Works: None
- (e) Cancellation of Undertakings: None
- (f) Common Lodging Houses: There are no Registered Common Lodging Houses in the area.

HOUSING IMPROVEMENT GRANTS:A. STANDARD GRANTS:

Number of applications approved in respect of owner/occupied houses	68
Number of applications approved in respect of tenanted houses	25
Total number approved	93
Total number of Schemes completed during the year	22
Total amount paid in standard grant	£6,214
Average grant per dwelling	£232.45

B. DISCRETIONARY GRANTS:

Number of applications approved in respect of owner/occupied houses	23
Number of applications approved in respect of tenanted houses	6
Total number approved	29
Total number of Schemes completed during the year	11
Total amount paid in discretionary grant	£11,932
Average grant per dwelling	£1,034.72

RODENT CONTROL

As in previous years, rodent control is carried out by the Council's foreman on a part-time basis. There were no major infestations during the year although numerous premises were treated and the two refuse tips were regularly baited.

INSPECTION OF MEAT AND OTHER FOODSGeneral:

Visits were paid to food shops, vans etc. and the attention of several occupiers were drawn to minor items requiring attention. Slaughterhouses and butcher's shops were regularly visited for meat inspection purposes.

Ice-Cream:

There are no ice-cream manufacturers in the area but eighteen premises are registered under Section 16 of the Food and Drugs Act 1955 for the storage and sale of ice-cream.

Milk:

There are six distributors of milk, as defined, registered by the Council, and one other distributor is registered by a neighbouring Council. Farmers re-tailing within the district are, of course, registered by the Ministry of Agriculture, Fisheries and Food.

UN SOUND FOOD:

The following foods were found, on inspection, to be unfit for human consumption and were voluntarily surrendered for disposal:-

From Shops, etc:

Ham/Pork	75 lbs.	6 ozs.
Ox Tongue	6 lbs.	0 ozs.
Blackcurrants	6 lbs.	8 ozs.
Total	87 lbs.	14 ozs.

From Slaughterhouses:

The amount of meat found unfit at both slaughterhouses was as follows:-

17 Parts Bovine Liver	59 lbs.	0 ozs.
1 Sheep Liver	1 lbs.	8 ozs.
Total	60 lbs.	8 ozs.

MEAT INSPECTION:

There are two private slaughterhouses in the district, both in Tregaron, and producing meat of excellent quality. The occupier of one slaughterhouse has installed a stunning pen as required by the relevant regulations, the other slaughterhouse is licensed only for the slaughter of calves, sheep and pigs. One hundred and ninety (190) visits were made to slaughterhouses and butcher's shops for meat inspection which are summarized as follows:-

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number Inspected	121	-	-	772	-	-
All diseases except Tuberculosis and Cysticercosis	-	-	-	-	-	-
a) Whole carcasses condemned	-	-	-	-	-	-
b) Carcasses of which some part or organ was condemned	17	-	-	1	-	-
c) Tuberculosis only	-	-	-	-	-	-
Cysticercosis	-	-	-	-	-	-

FACTORIES ACT

There are twenty-two factories as defined within the rural district. Twenty of the premises were "factories with power" and only two were "factories without power".

REFUSE COLLECTION

Refuse is still collected by a Karrier Bantam Ramillies 20, which came into service in December 1967. This is a compression type vehicle and enables a greater number of premises to be dealt with without too frequent journeys to the refuse tips. However, during the year it was decided that this vehicle was too small for the number of premises now requiring collection and a new Shelvoke and Drewry Pakamatic 38 cu. yds. collection vehicle was ordered in July. Delivery was promised for December but this was not effected.

Refuse is still disposed of by semi-controlled tipping at Tyndomen, Tregaron and Bryn Villa, Ystrad Meurig.

WATER SUPPLIESPublic Supplies:

The Cardiganshire Water Board is the responsible authority for the water supplies of the whole county.

Water supply is obtained from the Teifi Pools Reservoir which is situated within the Tregaron Rural District, and all raw water is fully treated at the Strata Florida Treatment Works which has a rated capacity of 900,000 gallons per day. During 1965 work on the mass concrete gravity dam at Llyn Egnant was completed. When the reservoir is filled to overflow level, which is 1,380 feet above sea level, 115 million gallons of water is available. The sequence of treatment comprises:-

- a) super chlorination;
- b) coagulation by the addition of aluminium sulphate and calcium sulphate, which also increases the permanent hardness content;
- c) addition of sodium carbonate and sodium bicarbonate to increase alkalinity;
- d) pressure filtration to remove colour and suspended matters;
- e) addition of sodium carbonate to adjust the alkalinity of treated water; and
- f) addition of sulphur dioxide to control chlorine residual.

The Engineer and Manager of the Board, Mr. Huw Prothero, M.A., M.I.C.E., A.M.I.Mun.E., M.I.W.E., has kindly given details relating to sampling, etc. which are summarized as follows:-

1. The water supply was satisfactory in both quality and quantity.
2. Regular samples of treated water were submitted for bacteriological examination, all of which proved to be of excellent standard.
3. Water is not liable to plumbo-solvent action.
4. Sixty-two properties were connected to the Board's mains during the year.

Private Supplies:

Twelve samples of water from private water supplies for bacteriological examination were taken. The results are summarized as follows:-

Satisfactory	8
Suspicious	1
Unsatisfactory	3

STATISTICS:

Estimated number of dwelling houses and population supplied from public water mains:-

Parish	Total Population of Parish (1961 Census)	Number of Houses connected to public water main and the population served		Number of Houses served by stand- pipe	
		<u>Population</u>		<u>Population</u>	
Betws Leiki	142	25	74	-	-
Blaenpennal	227	44	107	-	-
Caron Lower	1,153	361	997	13	17
Caron Upper	266	51	155	28	96
Gartheli	192	28	80	3	9
Gwnnws Lower	205	48	129	3	14
Gwnnws Upper	364	106	99	31	97
Gwynfil	206	70	193	7	23
Llanbadarn Odwyn	156	8	14	-	-
Llangeitho	263	42	113	-	-
Llanddewi Brefi	618	162	505	1	3
Lledrod Lower	252	34	88	-	-
Lledrod Upper	160	16	34	7	13
Nantcwnlle	325	58	109	1	2
Ysbyty Ystwyth	288	61	197	28	87
TOTAL	4,817	1,114	2,894	122	361
Registrar General's Estimate 1972	4,240				

SEWERAGE AND SEWAGE DISPOSAL

Work on the sewerage and sewage disposal scheme for Tregaron proceeded during the year. Work was started on the Llangeitho scheme and tenders were invited for the Pontrhydfendigaid and Ffair Rhos scheme by the end of the year.

CLEANSING OF CESSPITS AND SEPTIC TANKS

Where houses are improved and no sewerage system is available, it is necessary to instal cesspits or septic tanks. These require cleansing periodically and the work is carried out for the Council, on a rechargeable basis, by Aberaeron Rural District Council.

The Council resolved in May 1968 that in future two-thirds of the cost of such service would be borne by the Council and the remaining one-third by the occupant.

TREGARON LIVESTOCK MARKET

The Livestock Market, adjoining Station Road, Tregaron, is a well known and conveniently situated centre, serving a wide area. The Market premises are owned by the Council and let to an auctioneer for the purpose of holding livestock sales. Regular fortnightly sales are held together with other special seasonal sales of livestock.

A scheme of improvements completed in November 1968 provided much additional accommodation, both covered and open, which was urgently required at the Market, and last year proposals were completed to provide a Brucellosis free section at the Market.

PUBLIC CONVENIENCES

The Council has provided six public conveniences. Three of these are at Tregaron and the others at Pontrhydfendigaid, Llanddewi Brefi and Llangeitho. Routine cleansing and maintenance is carried out by the Council's workmen. All contain washing facilities consisting of washbasins with a supply of cold water, paper towels from wall mounted cabinets and wire baskets to receive used towels in accordance with the Ministry's recommendations.

Since the change to decimalisation, no charges have been made in the public conveniences.

HOUSING ESTATES, MAINTENANCE, BUILDING AND DEPOSIT OF PLANSCouncil Houses:

During the year work progressed on the erection of twenty-two dwellings at Brynawel Fields, Tregaron and some of the dwellings were occupied before the end of the year.

Work was also completed on the erection of six houses at Swyddffynnon and Stage II Lledrod (six houses) and commenced at Ysbyty Ystwyth where ten dwellings are being provided.

It is also proposed to erect dwellings at the following places:

Llwynygroes (3), Pontrhydfendigaid (Vern Factory - 10), Abbey Road (27).

Village	Estate	Number of		Flats	Total
		Houses	Bungalows		
Bronnant:	Minyrrhos	6	-	-	6
Llanddewi Brefi:	Heolygorwydd	2	8	-	10
	Llwyndewi	4	4	-	8
	Hyfrydle	14	7	-	21
Llangeitho:	Glynaeron	6	-	-	6
Llwynygroes:	Maesyrefail	6	-	-	6
Pontrhydfendigaid:	Heolybannau	24	3	-	27
Pontrhydygroes:	Maesyderi	10	-	-	10
Tregaron:	Brynheulog	14	-	-	14
	Maesyrawel	12	-	-	12
	Minygors	10	-	-	10
	Penrodyn	2	6	-	8
	Glanllyn	4	-	-	4
	Flat, Chapel Street	-	-	1	1
Olmarth:	Godre'r Coed	-	6	-	6
Lledrod:	Brynwyre	12	-	-	12
Swyddffynnon:	Maes Camddwr	6	-	-	6
TOTAL		132	34	1	167

Maintenance of Council Houses:

Maintenance work is carried out by the Council's own workmen, who consist of a foreman, painter/carpenter and mason.

Plans:

The following plans were submitted under the requirements of the Building Regulations and were subsequently approved:-

New Houses	8
Bungalows	18
Alterations and Improvements to houses	113
Conversions of various types of properties to dwellings	17
Agricultural Buildings	21
Alterations to Industrial and Commercial Buildings	7
Domestic Garages	9
Miscellaneous	27
	<u>220</u>

In addition to the latter, layout and dwellings plans were approved for the development of Pwllswyddog Estate, Tregaron by the erection of fifty-six dwellings.

Private Dwellings:

One house and six bungalows were completed during the year, and at the end of the year fourteen bungalows and fifteen houses were under construction.

MOVABLE DWELLINGS

Many small caravan sites are licensed under the Caravan Sites and Control of Development Act 1960. These are in respect of one to six caravans. In addition, one caravan site for one hundred vans is to be established near Pontrhydfendigaid.

As previously stated, this area appears to be gaining in popularity with caravanners and this would appear to have been brought about due to the congested state of the coast.

It is essential when considering such applications that extreme care is exercised in order to ensure that conditions which now exist on the coast do not spread inland to this district.

CIVIC AMENITIES ACT 1967

No action was taken during the year under this Act.

BURIAL GROUNDS

As stated in previous reports, a new burial ground at Lledrod was completed and was officially opened by the Chairman of the Council in 1968.

The Council decided that its Public Health Inspector and Surveyor should be responsible for administering the cemetery and has drawn up conditions and scale of fees for burials therein. No burials have yet taken place at this Cemetery.

D. J. A. HUMPHREYS

M.R.S.H., M.A.P.H.I., A.I.H.E.

PUBLIC HEALTH INSPECTOR

Public Health Department,
Council Offices,
TREGARON.

APPENDIX

Prescribed Particulars on the Administration
of the Factories Act 1961

PART I INSPECTION

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written Notices (4)	Occupiers Prosecuted (5)
1. Factories in which Section 1,2,3,4 & 6 are to be enforced by Local Authorities	2	2	-	-
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	18	5	-	-
3. Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	1	-	-	-
TOTAL	21	7	-	-

PART VIII OUTWORK

There are no outworkers within the Rural District.

PART II

Particulars (a)	Number of cases in which defects were found				Number of cases in which prose- cutions were in- stituted (f)
	Found (b)	Remedied (c)	Referred		
			to H.M. Inspector (d)	by H.M. Inspector (e)	
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventil- ation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
<u>Sanitary Conveniences</u> (S.7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (Not including offences relating to out-work)	-	-	-	-	-
TOTAL	-	-	-	-	-

